

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE
2011 APR -8 AM 7:37

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

MAGSAMEN FOR SUPERIOR
IMPORTANT: Indicate by # type of committee you are reporting for:
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name FRANK MAGSAMEN Political Party (if applicable) DEMOCRAT
Office Sought BAC Superior District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]
SIGNATURE OF PERSON FILING REPORT

319-234 1321
TELEPHONE

4-7-11
DATE SIGNED

I AM FILING A 1-19-11 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED _____
☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ _____

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below) _____

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) _____

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ _____

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ - 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Maggsamen For Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/16/10	ID# CK# <i>Cash</i>	<i>Carolana Maggsamen</i> <i>1065 Prospect Blvd</i> <i>Waterloo IA 50701</i>	<i>Wife</i>	\$ <i>50.00</i>	<input checked="" type="checkbox"/>
10/16/10	ID# CK# <i>Cash</i>	<i>Lisa Keller</i> <i>1040 South Hill Dr</i> <i>Waterloo IA 50701</i>	<i>Daughter-in-Law</i>	<i>20.00</i>	<input checked="" type="checkbox"/>
10/16/10	ID# CK# <i>Cash</i>	<i>Lynn Rousseau</i> <i>530 Olympic Dr.</i> <i>Waterloo IA 50701</i>	<i>Daughter-in-Law</i>	<i>20.00</i>	<input checked="" type="checkbox"/>
10/16/10	ID# CK# <i>101064693</i>	<i>Jeff Maggsamen</i> <i>W 10963 Arbor Valley Rd</i> <i>Jodi WI 52355</i> <i>(Candidate CK)</i>	<i>Son</i>	<i>5000</i>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ *140.00*

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

Amended Report

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MAGGION For SuperU.Son

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/10	ID# CK# 1059	The Courier PO Box 2217 Waterloo IA 50704	Political Ad	\$ 474.32
10/25/10	ID# CK# 1060	Strategic Media PO Box 2817 Waterloo IA 50704	Postcards Postage Labels: mailing fee	1050.68
10/20/10	ID# CK# 1062	Lafayette City Printing Design, Inc. 313 Main Lafayette City, SD 5651	Display Ads	116.25
10/29/10	ID# CK# 1061	Cedar Valley Screen, Inc. 3641 Kimball Ave Suite 208 Waterloo IA 50702	Display Ads	343.00
11/1/10	ID# CK# 1063	Hudson Printing Co. 411 Jefferson Hudson IA 50643	Re-elect Ad 10" " " 20"	150.00
10/13/10	ID# CK# 1058	The Courier PO Box 2217 Waterloo IA 50704	Political Advertising	1379.88
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$3514.13

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Revised To report filed 1-19-2011
Amended Report

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Magsamen for Supervisor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/13/10	DOLLAR General 66 E Tower Park Dr. Waterloo IA 50701		Bowls & Plates for Fundraiser	21.40	<input checked="" type="checkbox"/>
10/15/10	Wonder Hostess #49920 2320 University Waterloo IA 50701		Buns	11.65	<input checked="" type="checkbox"/>
9/11/10	Fareway Stores #951 Waterloo IA 50701		Pork Loins	47.43	<input checked="" type="checkbox"/>
10/5/10	Wonder Hostess 2320 University Waterloo IA 50701		Bread	11.65	<input checked="" type="checkbox"/>
10/13/10	Sam's Club Waterloo IA 50701		Pork Roast & Stems	180.05	<input checked="" type="checkbox"/>
10/14/10	DOLLAR General 66 E Tower Park Dr. Waterloo IA 50701		Table Coverings	5.00	<input checked="" type="checkbox"/>
10/13/10	Fareway Stores #95 Waterloo IA 50701		Decorations	11.97	<input checked="" type="checkbox"/>
10/13/10	Walmart Waterloo IA 50702		Misc Stems	97.11	<input checked="" type="checkbox"/>
10/13/10	Kry-Vee 5126 Kimbale Ave. Waterloo IA 50701		Beer	131.53	<input checked="" type="checkbox"/>
10/16/10	Special Occasions 323 W 15th St Waterloo IA 50702		Canopy & Chairs Rented	50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$

567.79

TOTAL (If last

\$

page of this
schedule)

*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule E)

Amended Report
Amended Report
Report Filed 1/19/2011

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Magsamen for Supervisor

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/20/10	Frank Magsamen 1065 Prospect Blvd Waterville IA 50701		Overall Fundraising	\$ 2030.7	<input checked="" type="checkbox"/>
	" " "		out-of-pocket Costs	1275.79	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1478.86

TOTAL (if last
page of this
schedule) \$ 2046.65

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(for Schedule E)